

Implementing Employee Wellness Programs in Human Service Agencies

Thesis

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By

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Abstract

In the United States, it is common for workers within human service agencies to experience feelings of being overworked and overwhelmed in the work environment. For this reason, it is valuable to study workplace perspectives within human service agencies. The aim of this study was to have a deeper understanding of the use of employee wellness programs in the workplace for human service agencies. This study surveyed employees who are in leadership positions at human service agencies located in Columbus, Ohio. The survey asked questions—based on workplace perspectives—that explored the barriers that impede the use of employee wellness programs and the facilitators of implementing wellness programs. The results suggest not enough funding available in the agency and not enough available time during office hours to implement employee wellness programs as the most common barriers in human service agencies. Employee and management interest to participate in these programs and flexibility with scheduling to create time for these programs are suggested by the results as common facilitators to successfully implementing employee wellness programs in human service agencies. Further research suggestions are provided.

Dedication

I dedicate this thesis to workers employed in human service agencies. It is my hope the research obtained from this study can make a contribution to the successful implementation of future wellness programs for employees in human service agencies.

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Curriculum Vitae

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Fields of Study

Major Field: Social Work

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Chapter 1: Statement of Research Topic

Introduction

Employees who provide direct service face experiencing workplace stress or burnout. Research shows the need and importance for human service agencies to offer employee wellness programs, but there is a limitation in research addressing how to make the implementation of these programs successful. This study sought to find what are the current barriers or facilitators to implementing employee wellness programs in human service agencies. This research will allow social workers and researchers to discover procedures that promote successful implementation of employee wellness programs, or circumstances that inhibit the use of employee wellness programs.

Statement of the Problem

It is common for workers in the United States to feel pressure in a working culture that encourages persons to strive for perpetual achievement and success in both their occupational and social lives. This can often lead to feelings of being overworked and overwhelmed in the work environment. Approximately (78%) of employees in the U.S. cite work as their largest source of stress, which commonly results in more sick days taken and elevating workers compensation claims (Farrell & Geist-Martin, 2005). Employees today can face health challenges such as experiencing burnout, stress, workaholism, and the added emotions related to these issues (Farrell & Geist-Martin, 2005).

Routine wellness programs, offered by employers for its employees, can help employees to improve their health; which is likely to improve an employee's job satisfaction and increase productivity in the workplace (Gubler et al., 2017). Improving an employee's health and job satisfaction can also generate more money for a company by cutting healthcare costs. A 2010

study found that for every dollar a company allocates towards wellness programs, it cuts healthcare costs by \$3.27; and absenteeism in the workplace falls approximately \$2.73 for every dollar spent (Baicker et al., 2010).

Aside from saving a company money, there are other factors a company must acknowledge when making the decision to implement a wellness program. The safety and wellbeing of a company's employees is imperative in the work environment, for both physical and mental health. "When an employee is spiritually, psychologically, and/or physically unhealthy, not only does the individual suffer, but the individuals in his or her social network often suffer as well" (Farrell & Geist-Martin, 2005, p. 548-549). A study conducted from 2009-2012 in the United States, found (45.7%) of persons reporting mild depressive symptoms also reported having difficulty with work, home, or social activities; (73.8%) of persons with moderate depressive symptoms and (88%) of persons with severe depressive symptoms also expressed having difficulty with work, home, or social activities (Pratt & Brody, 2014). In 2014, the CDC reported depression was among the twenty leading principal reasons for medical office visits in the United States (Rui et al., 2014). The Bureau of Labor Statistics reported 500 workplace homicides in 2016, the highest total in the United States since 2010. Of the 500 homicides, 66 assailants were either a coworker or work associate, contributing to (13%) of the total assailants (Bureau of Labor Statistics, 2016).

Considering the aforementioned, there is still not an active response in the labor force to implement employee wellness programs to help reduce workplace stress. In March 2017, (63%) of all state and local government workers, and (39%) of all private industry workers, had access to wellness programs as part of their employee benefits (Bureau of Labor Statistics, 2017). This statistic does not speak to the amount of employee participation or type of wellness programs

offered, but one might conjecture if the reports—of occupational stress, depression, and workplace violence—may differ if access to and use of employee wellness programs increased.

Employees providing direct service with clients frequently encounter emotional labor, and part of their job requires the need to regulate their own emotions while handling emotionally charged engagements (Hülshager et al., 2013). In human service agencies, employees experiencing burnout and other health disparities developing from work-related stress commonly have a reduced job performance, equating to the reduction in quality and safety of patient care (Johnson et al., 2018). Therefore, it is valuable to study workplace perspectives within human service agencies to greater distinguish the barriers that may hinder the use of employee wellness programs along with the facilitators of implementing employee wellness programs. The information provided in this study will be beneficial to human service agencies and its employees when considering the development of employee wellness programs.

Wellness in the Workplace

The term “wellness” can have broad definitions, “there is no universally acceptable definition for employee wellness” (Sulphey, 2014, p. 690), but for the purpose of this thesis the research investigator adopted Sulphey’s (2014) definition of a workplace wellness program. “The main purpose of a wellness program is to create an awareness of wellness issues among the employees, to facilitate personal change and health management among them, and the promotion of a healthy and supportive workplace” (Sulphey, 2014, p. 692). Sulphey (2014) states there are six dimensions of wellness—emotional, vocational, physical, spiritual, intellectual, and social—and organizations implement employee wellness programs to: reduce absenteeism and stress, show the employees that the organizations care about their well-being, comply with corporate

social responsibility, reduce health care costs, increase employee productivity, and improve employee retention (Sulphey, 2014).

Common benefits packages for employees can include things such as health insurance, dental insurance, nutrition counseling, paid vacation time, maternity/paternity leave, childcare assistance, retirement planning, or exercise and weight management programs. These benefits can contribute to an employee's wellbeing, but these programs are not often set up to directly impact an employee's wellness to specifically reduce workplace stress and the experience of burnout. Employee wellness programs are intervention methods which are meant to promote the wellbeing of employees, and they can be preventative or curative in design. Elements for effective employee wellness programs include: establishing objectives and goals that are clear; linking the specific programs to the business objectives; communicating and engaging with all levels of employees to such programs; creation of an appropriate environment that is supportive in nature; lacing the programs with appropriate incentives so that desired results are achieved; creating a social environment with appropriate norms and providing the necessary all around support; and designing and implementing a program that is multi-component in nature and tailored to the specific needs of the organization (Sulphey, 2014).

For this thesis, employee wellness programs will be defined as the following activities: meditation-based interventions; stress management courses; community-based volunteerism programs; diversity seminars; massage; mindful movement activities (example: yoga); courses that teach mindfulness (examples: mindful breathing or mindful eating); activities that build employee camaraderie (examples: agency sport teams, agency pot luck, agency dinner, etc.); personal finance seminars; training on secondary trauma prevention and curation; training on compassion fatigue; resilience building seminars; access to literature on reducing stress,

mindfulness, and/or building resilience; goal setting programs; opportunities for self-assessment (examples: Professional Quality of Life Scale, Resilience Scale, Maslach Burnout Scale, etc.); opportunities for employees to provide the agency with feedback (examples: agency environment survey, open door policy, etc.); or opportunities for the agency to provide the employee with feedback (example: supervision meetings to discuss growth, self-awareness, personal strengths, etc.). These employee wellness programs can be provided directly within the agency and/or the agency may fund participation in the programs and allow for paid time off from work to participate.

Purpose of the Study

Existing research provides a multitude of reasoning for why offering employee wellness programs is important and how it benefits both the employee and the organization as a whole. However, offering wellness programs to employees is still not a widespread practice so it is important to research this topic to further understand utilizing employee wellness programs and how to make their effect successful. “The great promise of mindfulness for improving performance, relationships, and well-being at work may go unrealized unless scholars adopt a more critical view of existing research and a more rigorous approach to future research and practice” (Good et al., 2015, p. 135). The aims of this study were to explore possible factors for why a human service agency is not providing any—of the previously defined—wellness programs for their employees, or perhaps to better understand what is supporting the successful implementation of such programs. Research must be done on the use of employee wellness programs to improve confidence in achieving the desired results for implementing such programs (Good et al., 2015). Information provided in this study can benefit human service agencies and its employees when considering the development of future employee wellness programs. The

research presented in this study can allow future social workers and researchers to discover procedures that promote successful implementation of employee wellness programs, or circumstances that inhibit the use of employee wellness programs.

Research Questions

What are the barriers and facilitators to implementing workplace wellness programs?

Social work practitioners and researchers need a suitable understanding of obstacles in the work environment that hinder the use of wellness programs, as well as the factors that facilitate their adoption and utilization of wellness programs. The goal of this study was to provide knowledge that may be advantageous to successful implementation of future wellness programs—based on workplace perspectives—by exploring: (a) the barriers that impede the use of employee wellness programs, and (b) the facilitators of implementing wellness programs. The aim of this study was to have a deeper understanding of the use of employee wellness programs in the workplace for human services agencies.

Chapter 2: Literature Review

Wellness

Wellness practice involves a shift in attitude and mindset, along with practicing preventative health behaviors. “Wellness is not a goal to be attained but a continuous process that needs to be maintained” (Sulphey, 2014, p. 691). Wellness is a lifelong journey towards achieving optimal functioning and it is, “a mind-set of personal empowerment that attempts to approach life with optimism, confidence, and energy” (Sulphey, 2014, p. 691). According to Sulphey (2014), there are six areas of wellness that need to be maintained in order to achieve lifelong growth in wellness: emotional, vocational, physical, spiritual, intellectual, and social (Sulphey, 2014). Practicing wellness in one’s life involves maintaining a continuous process of self-awareness and of preventative health behaviors in all aspects of their personal life. Wellness practice focuses on being mindful of the complexities in one’s life and maintaining balance in all areas.

Being mindful requires an ongoing process of self-observation, introspection, and reflective function (Bishop, 2004). To be mindful is to be self-aware to what you are experiencing and how it is making you feel in that moment. One must experience a state of being in the present moment to feel mindful (Langer & Moldoveanu, 2000). Mindfulness may be defined as, “a state of consciousness in which attention is focused on present-moment phenomena occurring both externally and internally” (Dane, 2010, p. 1000). Mindfulness practice brings about awareness, or the ability to observe and attend to one’s present thoughts, feelings, and sensations and how they change from moment to moment.

To practice mindfulness is to be present in the moment in a non-judgmental, receptive way. Mindful individuals are able to react to stressful events more objectively, which helps to

prevent the influence of biased or negative thought patterns and lessens the possibility for an overly-dramatic reaction to a high-stress situation (Hülshager et al., 2013).

Bishop's (2004) study found the following:

Mindfulness approaches are not considered relaxation or mood management techniques, however, but rather a form of *mental training* to reduce cognitive vulnerability to reactive modes of mind that might otherwise heighten stress and emotional distress or that may otherwise perpetuate psychopathology. (p. 231)

Bishop (2004) states that practicing mindfulness is not the suppression of thoughts or events, but rather is about the, "self-regulation of attention, which involves sustained attention, attention switching, and the inhibition of elaborative processing" (Bishop, 2004, p. 233). To be mindful is to practice awareness and the skillful response to thoughts or experiences that contribute to emotional distress and dysfunctional behavior (Bishop, 2004). To practice wellness is to maintain a process of being mindful of one's personal thoughts, feelings, and sensations. It involves building a skillset and then maintaining a lifelong practice of wellness in all dimensions of one's life.

Impacts of Practicing Workplace Wellness

Employees who participate in wellness programs experience less emotional exhaustion and have an improved job satisfaction (Hülshager et al., 2013). Organizations implement employee wellness programs to raise awareness around practicing wellness, to encourage personal growth and maintaining healthy behaviors, and to contribute to a healthy and supportive work environment (Sulphey, 2014). Promoting mindfulness and wellness activities in the workplace can teach an employee to become, "more aware of thoughts and feelings and to relate

to them in a wider, decentered perspective as transient mental events rather than as reflections of self or as necessarily accurate reflections on reality” (Bishop, 2004, p. 236).

Other benefits of providing employee wellness programs include allowing, “employees to take charge of, and responsibility for, their own well-being” (Sulphey, 2014, p. 695). Agency management staff can empower their employees to actively practice wellness behaviors through offering support and positive motivation. Having a supportive and positive work environment can have a powerful impact inside the agency. Maintaining a healthy social environment at work can help an employee to cope with work-related stress because the camaraderie built amongst coworkers can offer support, a sense of feeling valued, and can improve employee motivation (Farrell & Geist-Martin, 2005). Feeling valued is an important human need and that feeling can be achieved in the workplace through building a friendly relationship with a coworker or by receiving supportive feedback from a supervisor. On a larger scale, an employee can feel valued in the workplace when there is an overall healthy social environment where the agency promotes a team effort and acknowledges the importance of each employee’s role. Maintaining social wellness practice in the workplace is always an important factor to consider when evaluating the effects of agency wellness.

Mindfulness impacts essential workplace outcomes such as performance, relationships, and well-being (Good et al., 2015). Once mindful practice skills are learned, an employee working in a human service agency can practice regulating mindful attention in the workplace. Being present in the moment can help an employee to respond adeptly to workplace situations when the environment can become stressful or emotionally charged. It is the key to maintaining that healthy social environment in the agency, and it helps to improve employee morale and increase the likeliness of achieving workplace goals.

Impacts of Poor Wellness Practice: Human Service Agencies

When discussing the practice of mindfulness and wellness in the workplace, it is important to discuss the ways in which having a poor wellness routine at work can affect both the employee and the agency in which they are employed. “An estimated 78% of U.S. employees say that work is their biggest source of stress” (Farrell & Geist-Martin, 2005, p. 544). It is very common for employees working in human service agencies to experience symptoms of burnout or other health issues as the result of workplace stress. This negative impact on an employee’s health can create a reduction in job performance, which means the quality of patient or client care will also suffer (Johnson et al., 2018). It is essential for employees in human service agencies to practice wellness because their job requirements often involve enduring emotional labor on a day-to-day basis and needing to regulate their personal emotions along with handling emotionally charged environments while at work (Hülsheger et al., 2013).

Due to the nature of work conducted in human service agencies, if an employee is not offered a way to practice wellness while encountering the emotional labor related to their job requirements, employees will be at a high risk for burnout, have higher rates of absenteeism, and the agency will see higher rates of employee turnover (Johnson et al., 2018). Not practicing mindfulness in the workplace can result in creating errors in complex work situations, difficulty avoiding the use of stereotyping and prejudice, feeling bored while at work, and experiencing the sensation of anxiety while at work (Langer & Moldoveanu, 2000). Mindlessness in the workplace encourages a poor social health environment, a lower quality of work produced by the employee, decreases employee job satisfaction, and it increases the risk of experiencing work-related anxiety.

Employee Wellness Programs

Many full-time paid employees are offered some sort of employee benefits package that can include things such as healthcare, childcare assistance, paid vacation time, flexible work scheduling, etc., but what programs are currently being offered in the work environment to promote practicing mindfulness and achieving overall employee wellness? Employee wellness programs are intervention methods intended to encourage the wellbeing of employees.

Employee wellness programs can be preventative or curative in design (Sulphey, 2014).

Enhancing employee wellness can include the assessment of personal stressors and practice of stress management techniques, this also includes maintaining a robust social support system (Sulphey, 2014). The idea of wellness varies from person to person based on their own needs, so there is not a, “universally acceptable definition for employee wellness” (Sulphey, 2014, p. 690).

In a study to promote resilience of healthcare workers, Pipe et al. (2011) found offering an intervention for employees to be helpful in building positive methods for coping and improving well-being, both personally and organizationally. This was done by implementing an educational program about recognizing stress and how to cope with stress. The objectives of their intervention were to improve teamwork and communication and reduce staff stress.

Organizationally, the long-term objectives of this intervention implementation were: to reduce errors in the workplace; improve safety and quality of care; increase employee and patient satisfaction, transform work culture and improve morale; and improve staff retention and reduce new hire dropout rate. Ideas provided to build employee resilience included: creating a bulletin board to share stories and positive quotes, encouraging early recognition of a peer’s stress and intervene early; giving permission to colleagues to use resilience tools provided by the agency; team leaders encouraging staff to take breaks and practice resilience skills while at work; sending

‘care and compassion’ to individuals who are unreceptive or discourage practice; printing out and posting a positive thought for the day; placing stickers with a positive quote on staff members’ assignment sheets every shift; placing a sign on the back of the staff lounge or door from staff lounge to encourage employees to think of one positive thing they did that day as they are leaving; or playing music from designated times in the afternoon (Pipe et al., 2011).

Use and type of employee wellness programs used in a human service agency will vary based on the needs of the agency, the agency’s culture, the diversity of staff, and the resources available to the agency. Current events in the environment could also impact the use of or need for employee wellness programs. Farrell & Geist-Martin (2005) suggest that an agency creates vision and value statements when considering the long-term planning of implementing employee wellness programs. Vision statements, “communicate a desire to accomplish goals and build commitment. Value statements articulate what components of an individual’s health identity are important to the organization” (Farrell & Geist-Martin, 2005, p. 577-578).

Barriers to Practicing Wellness in the Workplace

Elements for effective employee wellness programs include: establishing objectives and goals that are clear; linking the specific programs to the business objectives; communication to and engaging all levels of employees to such programs; creation of an appropriate environment that is supportive in nature; lacing the programs with appropriate incentives so that desired results are achieved; creating a social environment with appropriate norms and providing the necessary all around support; and designing and implementing a program that is multi component in nature and tailored to the specific needs of the organization (Sulphey, 2014).

Based on review of the literature, potential barriers to practicing wellness in the workplace could include a lack of incentive for employees to participate in wellness programs, poor support from

agency management, poor communication between employees and agency management, a negative social environment in the workplace, and not considering the agency's true needs or the diversity of the organization's staff when creating employee wellness programs. Not considering the culture of the agency or the personal diversity of its staff members when creating employee wellness programs can result in a, "one-dimensional view of workplace wellness that is inaccurate and self-defeating" (Farrell & Geist-Martin, 2005, p. 580).

Employees of various cultures will differ in how they view personal health, and this will impact the employee interest of participating in wellness initiatives if the employees are not offered opportunities that cater to their own needs. If agency management is unable to effectively balance the workday tasks while incorporating wellness programs into an employee's schedule, this could increase stress for the employee who now has to figure out how to balance work commitments (Farrell & Geist-Martin, 2005). Likewise, if an agency manager is not allowing for time to participate in a wellness program or activity during work hours but is encouraging participation in a program or activity outside of work hours, this now becomes stressful for the employee to balance between work commitments and personal commitments. This can negatively impact an employee's interest or motivation to participate in workplace wellness if the agency managers are not in tune to the needs of their employees. If the managers are not offering feedback mechanisms to their employees, to ensure the employees' needs are being met, this will contribute to the one-dimensional view of workplace wellness within their agency.

Summary Statement

Practicing wellness in the workplace can improve job performance, the agency's social environment, and employee satisfaction. The importance of workplace wellness practice cannot

become more well-known unless further research is conducted to better understand the implementation of employee wellness programs. “As mindfulness moves into organizations, research must be done that increases confidence in causal inferences” (Good et al., 2015, p. 134). Contributing to the existing research on practice of employee wellness will help to improve future interest in participating in employee wellness programs and to the implementation success of such programs.

Chapter 3: Methodology

Research Design

The expectation of this study was to obtain information that can better describe the use of employee wellness programs in the workplace for human service agencies. This was done by collecting data that can be used to generate hypotheses for future research and/or the development of intervention methods to implement employee wellness programs in the future. This study was completed using a quantitative research approach by surveying employees who are in leadership positions at human service agencies located in Columbus, Ohio.

Participants

To qualify as a participant for this study, the human service agency employee had to be in a leadership position, such as a supervisor for the agency or a person working in human resources for the agency. One agency representative per agency served as the participant for the study. A supervisor or human resource representative from each agency was appropriate to survey for this study because their employee position included having sufficient knowledge to provide on this research topic, based on the environment of their agency. Participants for this study had to have a sufficient understanding of written English. This exclusion was set to protect all potential participants. A sufficient understanding of written English was needed to thoroughly understand the informed consent processes, to ensure the participant was able to voluntarily agree with a full understanding of the study. A sufficient understanding of written English was also essential in completing the survey questions.

This study included an incentive opportunity for all survey participants. Each participant who started the survey in this study was eligible for the incentive drawing, regardless of whether or not they completed the survey. A participant was able to choose to skip over any question of

the survey they did not wish to answer. In the last question of the survey, each participant was prompted to answer if they would like to be entered into a drawing for one of three \$50.00 digital Amazon gift cards. To be entered into the drawing, the participant had to answer this question by providing an email address where they may be contacted if their name was drawn. The three winners were selected at random and the gift cards were delivered electronically via email after the study concluded.

Sample and Method

At the time of the study, there were 825 agencies in The Ohio State University College of Social Work field agency database from which the research investigator drew a participant sample. The participant sample selected from this field agency database were agencies that were located within Columbus, Ohio, making for a participant sample size of 616. The sample of 616 individuals were invited via email to participate in the online survey. The principal investigator of this study, Dr. Thomas Gregoire, instructed The Ohio State University College of Social Work to send survey recruitment emails to the sample of 616 individuals, on behalf of the research investigator. Upon receiving the recruitment email for the survey, the survey was available to take online for a twelve-day window. Five days following the initial email, a reminder email was sent to the participants to remind them to take the survey, if they would like to participate.

Participant Privacy

Participants did not have their contact information shared with the principal investigator, unless they explicitly requested at the end of the survey to be entered into a drawing for the research incentive. All participants provided written consent prior to taking the online survey. The identities of the participants were unknown to the investigators. Participants who chose to

provide a follow-up email to be entered in the research incentive drawing did not have their contact information linked directly to their survey respondents.

Data Collection Procedures

Each survey participant was estimated to spend eight to twelve minutes completing the 15-question survey for this study. This estimated time included time spent being briefed on the project, providing written consent to participate in the study, and time spent answering the survey questions. Written consent was obtained electronically and was a required first step for the participant to access the survey. To participate in taking the survey for this study, a participant was prompted to read through the informed consent form for the study. After reading through the informed consent form, the participant was prompted to voluntarily agree to the consent to participate—in order to proceed to the survey—or, to exit their browser if they decided not to consent in taking the survey. This ensured the consent process was voluntary and the participant thoroughly understood their rights and the objectives of the study prior to participating.

Human Subjects Protections

This study posed minimal risks for the participant, risks no more than those faced in everyday life. A survey participant could choose not to respond to any questions during the survey process if they felt uncomfortable. Participants also had the right to leave the study at any point without penalty. A potential participant was able to refuse to participate in this study without penalty or loss of benefits to which they were otherwise entitled. Agreeing to participate in the study did not involve giving up any personal legal rights. The benefits of this study were expected to outweigh the risks. All information obtained during this study was confidential and security measures were met to maintain confidentiality. Participant retention over time was not

relevant for this research because only one survey was sufficient to obtain the necessary research information. All personal identifiers collected during the study were deleted to maintain the privacy of the participants.

The survey for this study was distributed from a password protected and encrypted computer maintained in the principal investigator's office. Survey data was collected via Qualtrics, which uses Transport Layer Security (TLS) encryption (also known as HTTPS) for all transmitted data. The surveys were protected with passwords and HTTP referrer checking. The data was hosted by third party data centers that are SSAE-16 certified. All data at rest was encrypted, and data on deprecated hard drives was destroyed by U.S. DOD methods and delivered to a third-party data destruction service upon deletion. After data was downloaded from Qualtrics, it was stored on a network drive of The Ohio State University College of Social Work firewall and password protected servers located in Stillman Hall. The network drive was dedicated to research personnel and only accessible by them and their IT staff in the College of Social Work.

Measures

The online survey used for this study consisted of the participant answering fifteen questions using the online software, Qualtrics. The first question of the survey asked if the participant consented to participate in the survey and the last question of the survey asked if the participant would like to be entered into the drawing for the research incentive. The remaining thirteen survey questions asked the participant questions relating to the participant's agency workplace environment and its employees. These questions inquired about their agency's workplace policies and procedures, the population(s) their agency serves, the participant's role in the agency, employee benefit programs provided to employees by the agency, and the

participant's personal opinion of their agency's current environment and role in reducing workplace stress.

The Agency

Participants were asked in the survey what populations their agency serves, to obtain background information on the agency. The following population categories were provided for the survey participants to select from: Aging/Gerontological Social Work, Alcohol Drug or Substance Abuse, Child Welfare, Community Planning, Corrections/Criminal Justice, Developmental Disabilities, Family Services, Health, Hospital Social Work, LGBTQ, Mental Health or Community Mental Health, Occupational/Industrial Social Work, Other, Public Assistance/Public Welfare, Rehabilitation, Religiously Affiliated, or School Social Work. To learn more about the size of the agency where the survey participant was employed, they were asked how many paid agency employees (who provide direct service) work at the agency. They were also asked to provide an approximate percentage of the paid agency staff (who provide direct service) that work full-time (30 hours per week or more), because most places of employment do not offer employee benefits programs to their employees unless they are considered full-time employees.

However, the data collected for the question inquiring on the population(s) the agency serves could not be analyzed because there was an error—in the survey that was distributed to participants—that combined multiple population selections into one line. “Aging/Gerontological Social Work,” “Alcohol Drug or Substance Abuse,” and “Child Welfare,” were listed as one answer selection instead of three separate answer selections. Along with this, “Corrections/Criminal Justice,” “Developmental Disabilities,” and “Family Services,” were listed as one answer selection instead of three separate answer selections. These two mistakes—

in the survey that was distributed to participants—were a result of error by the research investigator.

Employee Programs

For this study, the following were categorized as employee benefits programs: health insurance, dental insurance, nutrition counseling, paid vacation time, maternity/paternity leave, flexible work scheduling, childcare or childcare assistance, retirement planning, and exercise and weight management programs. Separate from this, participants were asked if their agency provided any of the following programs defined as employee wellness programs: meditation-based interventions; stress management courses; community-based volunteerism programs, diversity seminars; massage; mindful movement activities (example: yoga); courses that teach mindfulness (examples: mindful breathing, mindful eating, etc.); activities that build employee camaraderie (examples: agency sport teams, agency pot luck, agency dinner, etc.); personal finance seminars; secondary trauma prevention training; compassion fatigue training; resilience building seminars; access to literature on reducing stress, mindfulness, and/or building resilience; goal setting programs; opportunities for performing self-assessment (examples: Professional Quality of Life Scale, Resilience Scale, Maslach Burnout Scale, etc.); opportunities for employees to provide the agency with feedback (examples: agency environment survey, open door policy, etc.); or opportunities for the agency to provide the employees with feedback (example: supervision meetings to discuss growth, self-awareness, strengths, etc.). Participants were asked to select all programs from the list of employee benefits programs and the list of employee wellness programs that were provided currently by their agency.

The Employee Participant

To learn about the participant taking the survey, the participants were asked to provide their employee title at their agency, the amount of years they have worked in their current agency, and their highest level of education obtained (high school diploma or GED, some college, Associate's degree, Bachelor's degree, Master's or professional degree, or Doctoral degree). Part of the data measurement was to learn about the personal opinions of the participant relating to their agency workplace environment. The participant was asked if they felt employee wellness programs were important, their personal opinion of factors that have made it difficult to implement employee wellness programs in their agency, their personal opinion of factors that have contributed to successfully implementing employee wellness programs in their agency, and their overall evaluative opinion of their agency's current efforts to reduce workplace stress, workaholism, and burnout for its paid employees who provide direct service. These opinion questions were asked to get feedback from experienced human service employees on the present facilitation of employee wellness programs within their agencies.

Data Analysis

Data analysis involved the researcher using statistical tests to analyze variation in the survey population and determine if relationships between variables were probable. This analysis was completed using descriptive statistics, and inferential statistics with hypothesis testing. To summarize the survey data, the researcher looked for patterns, similarities/dissimilarities, frequencies and any potential outliers obtained within the collected information. This analysis included identifying characteristics of agencies that do and do not offer employee wellness programs. From there, the researcher drew conclusions and summarize the themes found in the

data to answer the study's research question: What are the barriers and facilitators to implementing workplace wellness programs?

Chapter 4: Results

Survey Results

Recruitment emails were sent to 616 participants for this survey. The study received a total of 167 responses, but the survey data set had to be reduced to 158 responses. Seven responses were removed from the survey data set that answered one question or less. Two responses were removed from the survey data set who proceeded to take the survey without accepting to consent to participate in the research. A survey data set total of 158 responses made for a (25.6%) response rate. Data analysis of the survey results was conducted using descriptive statistics and also inferential statistics by using either a t-test, the Pearson correlation coefficient, cross tabulation analysis, analysis of variance (ANOVA), or the Tukey's Honest Significant Difference test (post-hoc). The following variables are used in this analysis: N (number in the total sample), M (mean), SD (standard deviation), p (p-value), t (t-value), r (correlation coefficient), and F (F-value).

Descriptive Statistics

Results: The Agency

The survey question inquiring what population the agency serves produced unreliable results because there was an error with how the answer selections were written on the electronic survey that was sent to participants. The answer options of "Aging/Gerontological Social Work," "Alcohol, Drug, or Substance Abuse," and "Child Welfare," were mistakenly written as one answer selection instead of being separated into three separate choices. Furthermore, the answer options of "Corrections/Criminal Justice," "Developmental Disabilities," and "Family Services," were also mistakenly written as one answer selection instead of being separated into three separate choices. For this reason, the data provided from this question could not be

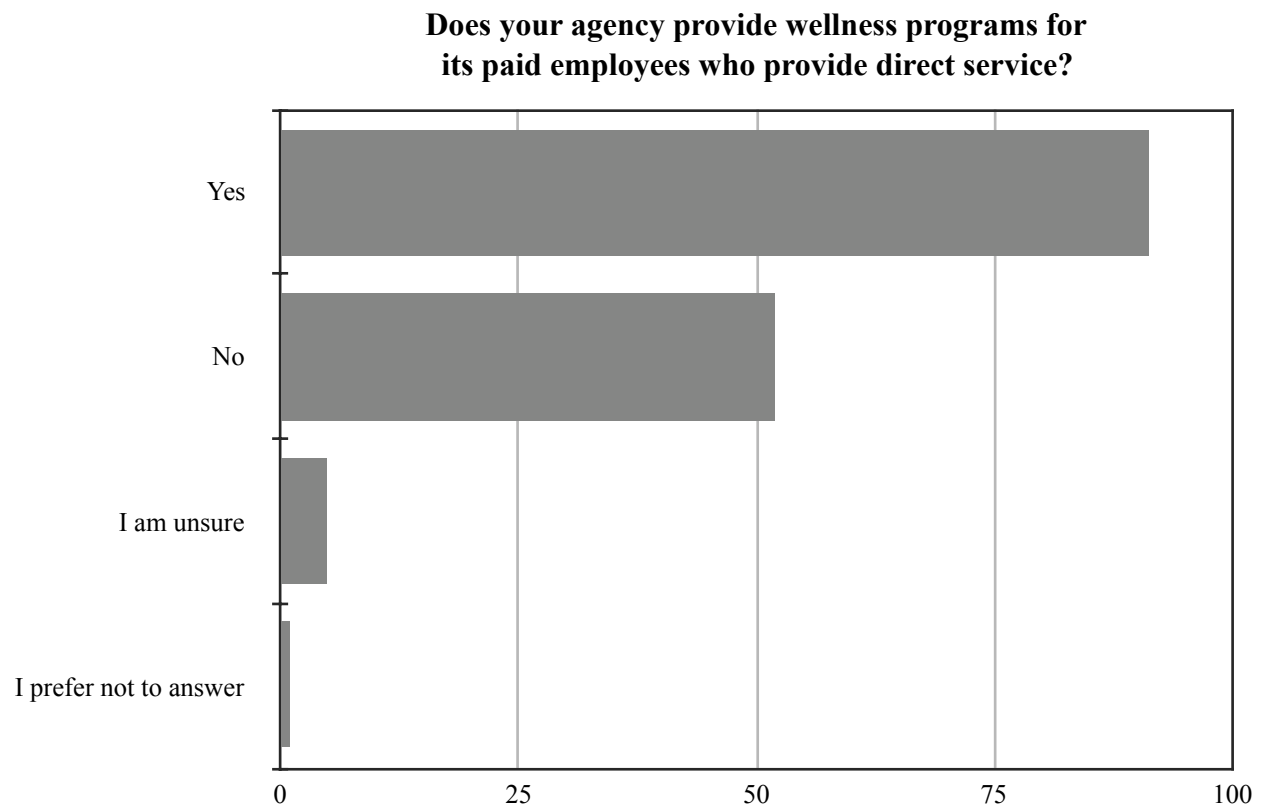
analyzed because it is uncertain if those who selected these answer options only serve one of the populations, a few of the populations, all of the populations, etc.

The results relating to the amount of paid agency employees (who provide direct service) within the participant's agency were highly skewed, with the minimum numerical result being 0 and the maximum was 10,000. The median number of paid agency employees (who provide direct service) within the participant's agency was 39. Similarly, the approximate percent of paid agency staff working full-time (30 hours per week or more) who provide direct service also provided skewed results in the data, with a minimum of (0.00%) and a maximum of (100%). The median percentage of paid agency staff working full-time was (74.0%), ($M = 57.0$, $SD = 36.9$).

Results: Employee Programs

When participants were asked if their agency provides wellness programs for its paid employees who provide direct service, (61.1%) answered "Yes" and (34.9%) answered "No," with (4.0%) answering "I am unsure" or "I prefer not to answer."

FIGURE 1. Wellness Programs Provided in the Participants' Agency



Existing employee benefits provided for the agency's paid employees showed paid vacation time, health insurance, and dental insurance to be the most common benefits offered to paid employees. Flexible working scheduling, retirement planning, maternity/paternity leave were also common responses for benefits offered to employees, while exercise and weight management programs, nutrition counseling, and childcare or childcare assistance showed to be the least common benefits available to paid agency employees. Only 16 survey participants answered that their agency provided childcare or childcare assistance for its paid employees.

FIGURE 2. Offered Employee Benefits Programs – Graph

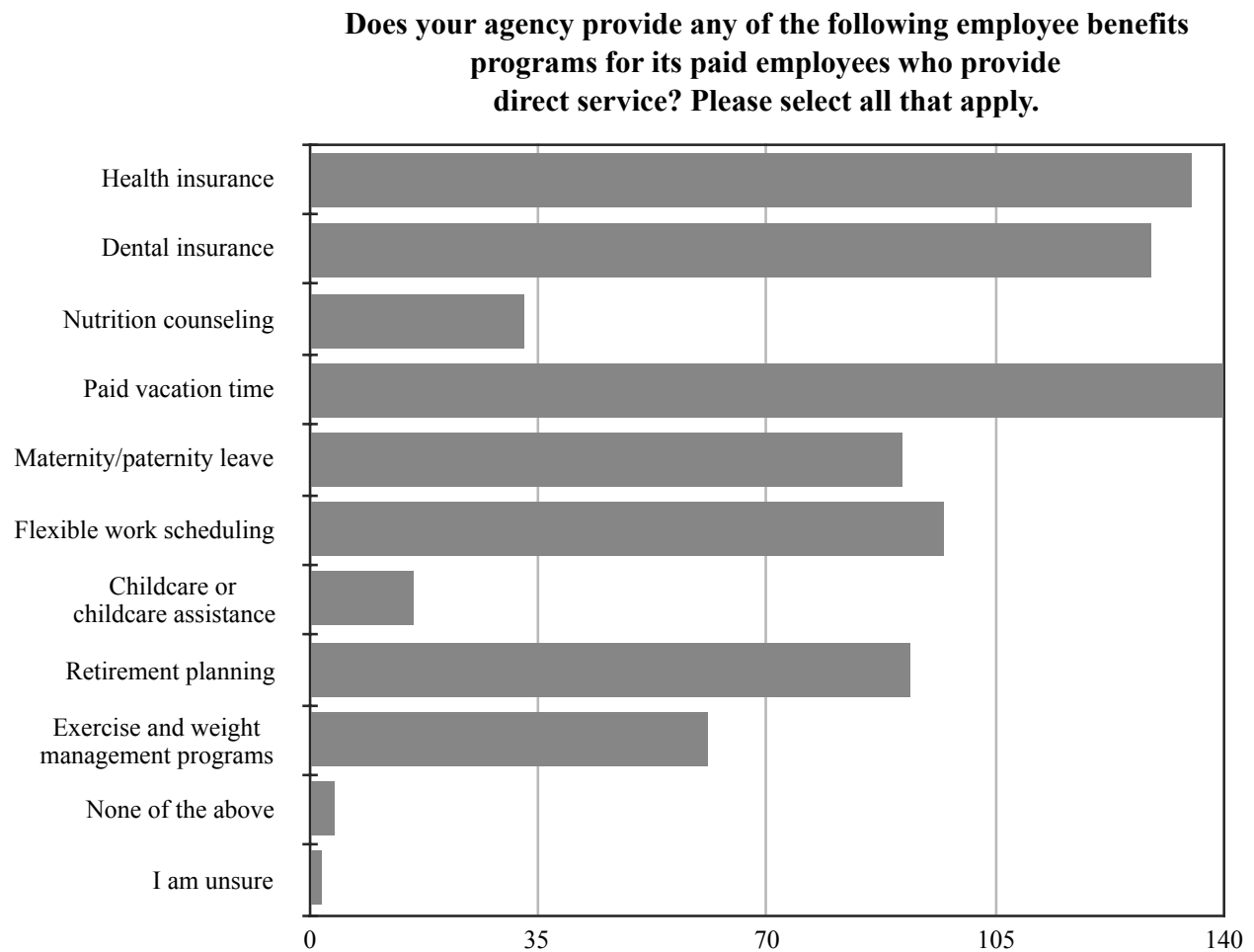


FIGURE 3. Offered Employee Benefits Programs – Table

Answer	%	Count
Health insurance	16.88%	135
Dental insurance	16.13%	129
Nutrition counseling	4.13%	33
Paid vacation time	17.50%	140
Maternity/paternity leave	11.38%	91
Flexible work scheduling	12.13%	97
Childcare or childcare assistance	2.00%	16
Retirement planning	11.50%	92
Exercise and weight management programs	7.63%	61
None of the above	0.50%	4
I am unsure	0.25%	2
Total	100%	800

Next, the participants were asked about the employee wellness programs provided by their agency. The participants were able to answer if the employee wellness programs were not provided by their agency, provided directly in their agency, and/or if the employee wellness program is funded by the agency and allows the employee paid time off from work to participate in the program. Meditation-based interventions, massage, mindful movement activities (example: yoga), community-based volunteerism programs, personal finance seminars, opportunities for performing self-assessment (examples: Professional Quality of Life Scale, Resilience Scale, Maslach Burnout Scale, etc.), stress management courses, goal setting programs, courses that teach mindfulness (examples: mindful breathing, mindful eating, etc.), and resilience building seminars were the top responses for employee wellness programs that are

not provided by the agency. The highest responses for employee wellness programs that are provided directly in the agency included: opportunities for the agency to provide the employees with feedback (example: supervision meetings to discuss growth, self-awareness, strengths, etc.), opportunities for employees to provide the agency with feedback (examples: agency environment survey, open door policy, etc.), activities that build employee camaraderie (examples: agency sport teams, agency pot luck, agency dinner, etc.), and diversity seminars. The agency funding participation and allowing paid time off from work to participate in the wellness program was a choice that was seldom selected by the participant. Secondary trauma prevention training, compassion fatigue training, and access to literature (on reducing stress, mindfulness, and/or building resilience) were the top programs selected in this section, with only 29-33 respondents selecting these choices.

FIGURE 4. Wellness Programs Provided by the Employer

Question	Does not provide		Provides directly in the agency		Agency funds participation & allows paid time off from work to participate		Total
Meditation-based interventions	78.47%	113	15.97%	23	5.56%	8	144
Stress management courses	63.70%	93	23.29%	34	13.01%	19	146
Community-based volunteerism programs	68.09%	96	20.57%	29	11.35%	16	141
Diversity seminars	36.67%	55	46.67%	70	16.67%	25	150
Massage	79.43%	112	15.60%	22	4.96%	7	141
Mindful movement activities (example: yoga)	69.93%	100	24.48%	35	5.59%	8	143
Courses that teach mindfulness (examples: mindful	60.00%	90	28.00%	42	12.00%	18	150

breathing, mindful eating, etc.)							
Activities that build employee camaraderie (examples: agency sport teams, agency pot luck, agency dinner, etc.)	17.57%	26	72.30%	107	10.14%	15	148
Personal finance seminars	67.61%	96	25.35%	36	7.04%	10	142
Secondary trauma prevention training	42.86%	66	35.71%	55	21.43%	33	154
Compassion fatigue training	46.71%	71	32.89%	50	20.39%	31	152
Resilience building seminars	61.38%	89	22.07%	32	16.55%	24	145
Access to literature on reducing stress, mindfulness, and/or building resilience	37.18%	58	44.23%	69	18.59%	29	156
Goal setting programs	63.89%	92	27.08%	39	9.03%	13	144
Opportunities for performing self-assessment (examples: Professional Quality of Life Scale, Resilience Scale, Maslach Burnout Scale, etc.)	64.38%	94	27.40%	40	8.22%	12	146
Opportunities for employees to provide the agency with feedback (examples: agency environment survey, open door policy, etc.)	14.29%	21	78.23%	115	7.48%	11	147
Opportunities for the agency to provide the employees with feedback (example: supervision meetings to discuss growth, self-awareness, strengths, etc.)	8.78%	13	83.78%	124	7.43%	11	148

Results: The Employee Participant

The minimum number of years a participant worked in their current agency was 1.00 years and the maximum were 38.0 years, with ($M = 8.90$, $SD = 7.61$) in a participant count of 158. All survey participants answered they had obtained some college education, with over 120 participants selecting having a Master's or professional degree ($> 75\%$). 29 participants answered having a Bachelor's degree, with fewer respondents selecting "Some college" "Associate's degree" or "Doctoral degree."

Survey participants had the opportunity to write in their position title at their agency. The research investigator worked to categorize the position titles into the following four categories: Standard Agency Employee Positions (example: social worker), Supervisor Positions (example: program manager), Director Positions (example: human resource director), and High-Ranking Positions (example: chief executive officer). Most of the survey participants held Director Positions (39%).

FIGURE 5. Participant Employee Positions

Answer	%	Count
Standard Agency Employee Positions	12.6%	20
Supervisor Positions	27.0%	43
Director Positions	39.0%	62
High Ranking Positions	21.4%	34
Total	100%	159

Participants were asked their opinion for if they felt it was important for human service agencies to provide employee wellness programs for its paid employees, (95.2%) answered “yes,” (0.00%) of respondents answered “no,” and (4.80%) of respondents answered “I am unsure” or “I prefer not to answer.” Participants most often listed, “not enough funding available” and “not enough time during office hours to implement these programs” as factors that have made it difficult to implement employee wellness programs within their agency. “Employee interest to participate,” “agency management interest to participate and facilitate these programs,” and “flexibility with scheduling to create time for these programs” were listed as the most popular factors that have contributed to successfully implementing employee wellness programs within the participant’s agency, with “available funding” following closely behind the former. When asked for the participant’s personal opinion on how their agency was doing to reduce workplace stress, workaholism, and burnout, the most popular responses were, “sometimes my agency does a good job, but is not always consistent” and “agency is doing a good job, but I think there is room for improvement.”

FIGURE 6. Barriers to Implementing Employee Wellness Programs – Graph

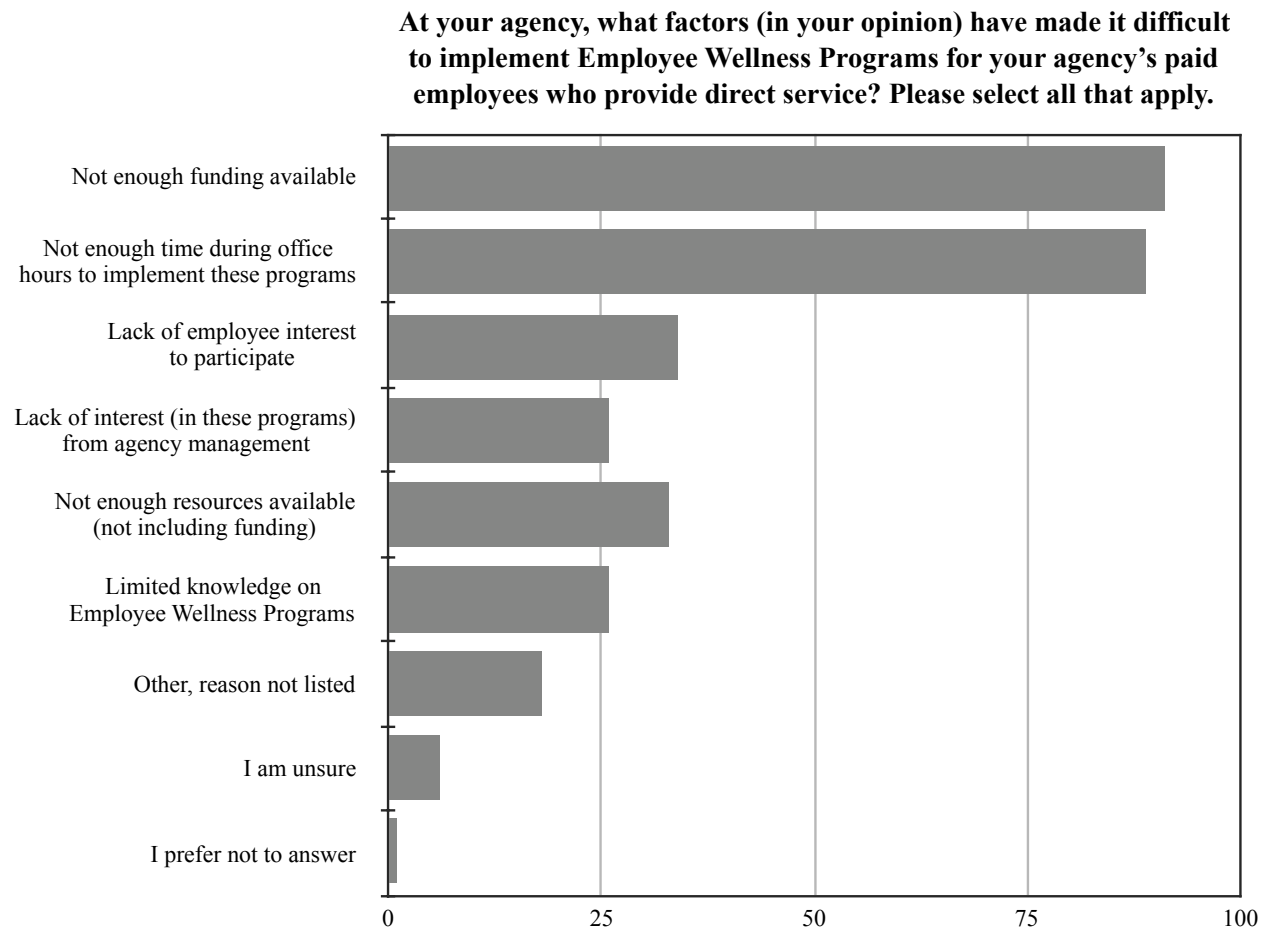


FIGURE 7. Barriers to Implementing Employee Wellness Programs – Table

Answer	%	Count
Not enough funding available	28.09%	91
Not enough time during office hours to implement these programs	27.47%	89
Lack of employee interest to participate	10.49%	34
Lack of interest (in these programs) from agency management	8.02%	26
Not enough resources available (not including funding)	10.19%	33
Limited knowledge on Employee Wellness Programs	8.02%	26
Other, reason not listed	5.56%	18
I am unsure	1.85%	6
I prefer not to answer	0.31%	1
Total	100%	324

FIGURE 8. Facilitators to Implementing Employee Wellness Programs – Graph

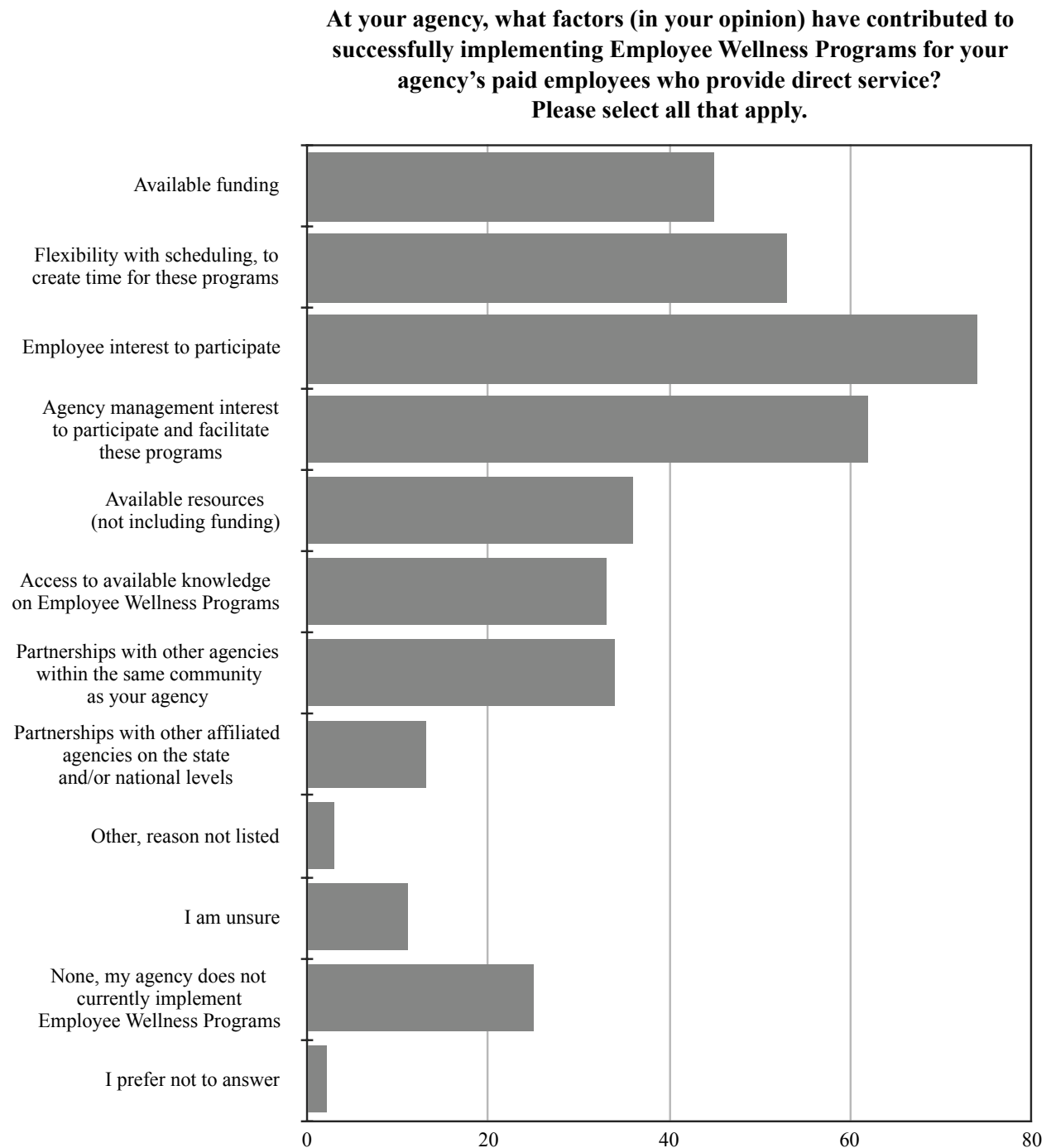


FIGURE 9. Facilitators to Implementing Employee Wellness Programs – Table

Answer	%	Count
Available funding	11.51%	45
Flexibility with scheduling, to create time for these programs	13.55%	53
Employee interest to participate	18.93%	74
Agency management interest to participate and facilitate these programs	15.86%	62
Available resources (not including funding)	9.21%	36
Access to available knowledge on Employee Wellness Programs	8.44%	33
Partnerships with other agencies within the same community as your agency	8.70%	34
Partnerships with other affiliated agencies on the state and/or national levels	3.32%	13
Other, reason not listed	0.77%	3
I am unsure	2.81%	11
None, my agency does not currently implement Employee Wellness Programs	6.39%	25
I prefer not to answer	0.51%	2
Total	100%	391

FIGURE 10. Participant Opinion of Agency’s Efforts to Reduce Workplace Stress, Workaholism, and Burnout – Graph

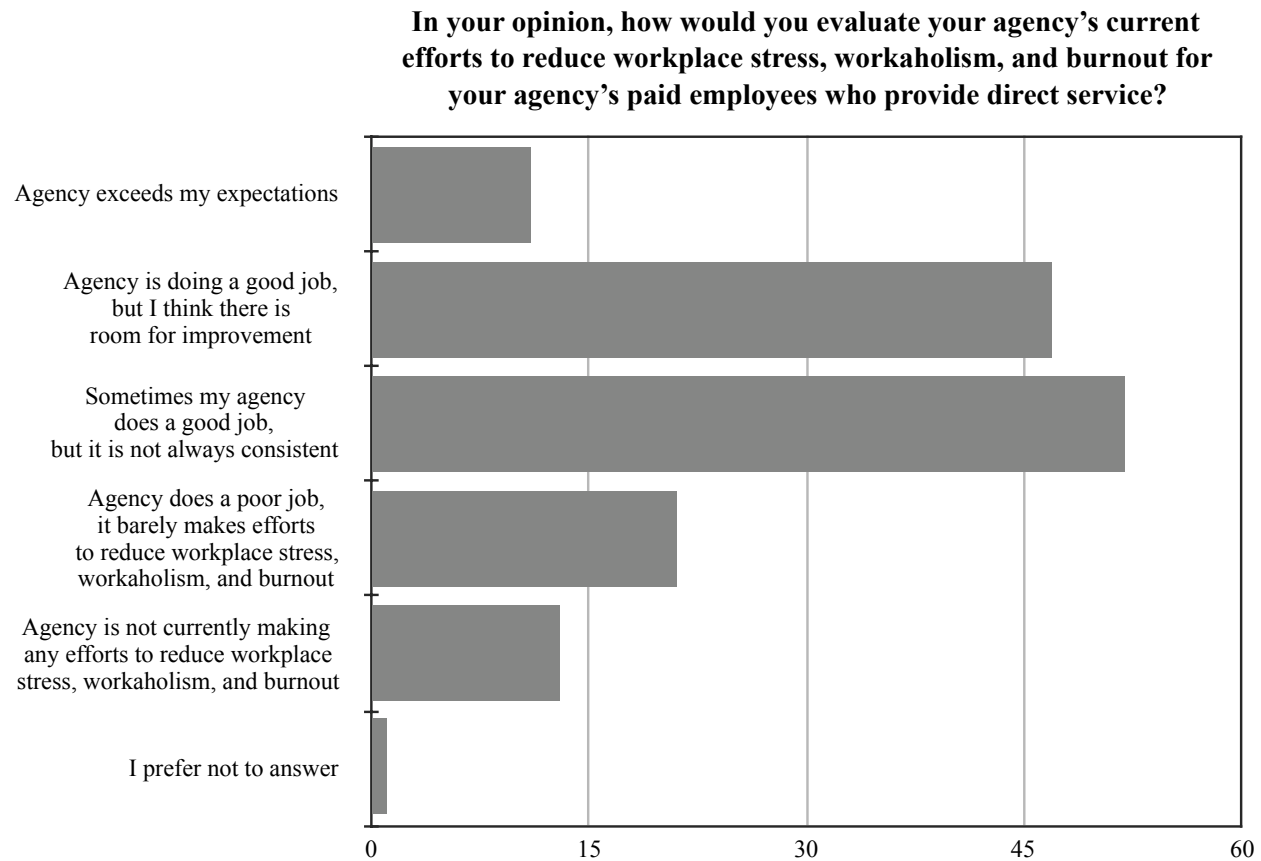


FIGURE 11. Participant Opinion of Agency’s Efforts to Reduce Workplace Stress, Workaholism, and Burnout – Table

Answer	%	Count
Agency exceeds my expectations	7.59%	11
Agency is doing a good job, but I think there is room for improvement	32.41%	47
Sometimes my agency does a good job, but it is not always consistent	35.86%	52
Agency does a poor job, it barely makes efforts to reduce workplace stress, workaholism, and burnout	14.48%	21
Agency is not currently making any efforts to reduce workplace stress, workaholism, and burnout	8.97%	13
I prefer not to answer	0.69%	1
Total	100%	145

Inferential Statistics

To explore differences in wellness programs based on agency characteristics, three different statistical tests were conducted based upon the nature of the data. Power calculations were conducted for all three intended analyses (independent T-test, Pearson correlation, and Between Subjects One-way Analysis of Variance (ANOVA) to determine the probability of finding a difference based upon the number of respondents and presumed effect size. In each case a conservative assumption of a small effect size was employed. Establishing a p-value of 0.95, all three analyses suggested there were sufficient number of cases in the data to determine the presence of a significant difference at the 0.95 level.

The initial analysis was an independent samples T-test was conducted to identify whether the number of paid employees in an organization is associated with whether the employer offers wellness programs to direct service staff. There was a significant difference in the mean number of paid employees by whether an employer supports direct service professionals with wellness programming ($t(132) = 2.861, p = .005$). Those that do provide programming are larger organizations, on average, ($M = 130.56$ employees, $SD = 214.40$) than those that do not ($M = 55.94$ employees, $SD = 92.08$). In conducting this analysis, extreme outliers on the dependent variable (those organizations whose number of paid employees exceed 3 standard deviations of the mean) were excluded from analysis.

Next, a Pearson's R test for correlation was conducted to determine whether there is a relationship between the number of wellness services offered to direct service professionals and the size of the agency (measured by number of paid employees). Again, extreme outliers on the proxy for size were excluded from the analysis. A count of services offered was computed based on how many services respondents checked. The test for correlation was not significant. There

was no relationship between the number of wellness services offered and the size of the agency ($r = .107, p = .201$).

There was not a statistically significant relationship between the number of years a respondent has worked in their current agency and the number of workplace wellness services offered to direct service staff. There was not a statistically significant relationship between staff retention (N of years worked in current agency) and overall satisfaction with wellness services offered to direct service staff. There was not a statistically significant relationship between staff retention and the number of barriers to wellness services staff perceive.

Next, a Pearson's R test for correlation was conducted to determine whether there is a relationship between the number of wellness services offered to direct service professionals and the number of barriers to services perceived by respondents (measured by a count of barriers checked on the survey). The test for correlation was statistically significant. There is a relationship between the number of wellness services offered and the number of barriers perceived ($r = .325, p < .001$), however not in the direction one might think. It feels intuitive to anticipate that the number of barriers perceived, and the number of services offered would be inversely correlated, however they co-vary in the same direction and are positively related. As the number of perceived barriers increases, so too do the number of wellness services offered by the employer.

A Between Subjects One-way ANOVA was conducted to compare the effect of how many wellness services were offered and employee overall perception of how well the employer supports employee wellness. Perceptions of overall support were measured with a five-point ordinal item, "In your opinion, how would you evaluate your agency's current efforts to reduce workplace stress, workaholism, and burnout for your agency's paid employees who provide

direct service?" The five answer choices provided were: Agency exceeds my expectations; Agency is doing a good job, but I think there is room for improvement; Sometimes my agency does a good job, but it is not always consistent; Agency does a poor job, it barely makes efforts to reduce workplace stress, workaholism, and burnout; or Agency is not currently making any efforts to reduce workplace stress, workaholism, and burnout. There was a significant effect of the number of wellness services on employee perception of wellness support at the $p < .001$ level for the five conditions [$F(4, 142) = 5.899, p < .001$].

Post hoc comparisons using the Tukey test indicated that the mean score for "agency exceeds my expectations" ($M = 7.09, SD = 1.81$) was significantly different than "sometimes my agency does a good job..." ($M = 5.19, SD = 1.78$), "agency does a poor job..." ($M = 5.00, SD = 1.67$), and "agency is not currently making efforts..." ($M = 3.92, SD = 1.85$). However, the "agency is doing a good job" ($M = 5.73, SD = 1.65$) did not significantly differ from the "agency exceeds my expectations" option. The table below presents the differences by group showing how each answer choice representing less satisfaction with the agency's wellness efforts is associated with a lower number of wellness services, on average.

FIGURE 12. Comparison of Number of Employee Wellness Programs Offered and Employee Perception of Agency's Effort to Support Wellness Programs

Answer	N	Mean
Agency exceeds my expectations	11	7.09
Agency is doing a good job, but I think there is room for improvement	48	5.73
Sometimes my agency does a good job, but it is not always consistent	54	5.19
Agency does a poor job, it barely makes efforts to reduce workplace stress, workaholism, and burnout	21	5
Agency is not currently making any efforts to reduce workplace stress, workaholism, and burnout	13	3.92
Total	147	5.37
Count of Services by Overall Satisfaction		
Answer	Mean	
Agency exceeds my expectations	7.09	
Agency is doing a good job, but I think there is room for improvement	5.73	
Sometimes my agency does a good job, but it is not always consistent	5.19	
Agency does a poor job, it barely makes efforts to reduce workplace stress, workaholism, and burnout	5	
Agency is not currently making any efforts to reduce workplace stress, workaholism, and burnout	3.92	

A crosstabulation was prepared to observe whether there is a difference in satisfaction with employee wellness programming and availability of parental leave. The percentage of participants who were satisfied with programming differed by availability of parental leave, $\chi^2(4, N = 147) = 13.77, p = .008$. As shown in the table below, those respondents who work for employers that offer parental leave are more likely to report satisfaction with their employer wellness programs.

FIGURE 13. Crosstabulation of Difference in Satisfaction with Employer Wellness Programming and Availability of Parental Leave

		In your opinion, how would you evaluate your agency's current efforts to reduce workplace stress, workaholism, and burnout from your agency's paid employees who provide direct service?					Total
		Agency exceeds my expectations	Agency is doing a good job, but I think there is room for improvement	Sometimes my agency does a good job, but it is not always consistent	Agency does a poor job, it barely makes efforts to reduce workplace stress, workaholism, and burnout	Agency is not currently making any efforts to reduce workplace stress, workaholism, and burnout	
Does your agency provide maternity/paternity leave for its paid employees who provide direct service?	No	2	17	16	11	10	56
	Yes	9	31	38	10	3	91
Total		11	48	54	21	13	147

Chapter 5: Discussion

Summary of the Results

All survey participants have obtained some college education, with (> 75%) having a Master's or professional degree. (95%) of participants felt it is important for human service agencies to provide employee wellness programs for its paid employees, and participants most often selected "sometimes my agency does a good job, but it is not always consistent" or "agency is doing a good job, but I think there is room for improvement" when asked their opinion on their agency's efforts to reduce workplace stress, workaholism, and burnout. (61%) of human service agencies surveyed stated they are currently providing wellness programs for their paid employees who provide direct service.

Paid vacation time, health insurance, and dental insurance were the most popular responses for existing employee benefits offered, with the least popular responses being exercise and weight management programs, nutrition counseling, and childcare or childcare assistance. The most popular responses for employee wellness programs currently offered directly by the participant's agency were opportunities for the agency and its employees to provide each other with feedback, activities that build employee camaraderie, and diversity seminars. Secondary trauma prevention training and compassion fatigue training were the most popular responses for employee wellness programs currently offered to the participant outside of their agency. The least popular responses for existing employee wellness programs offered directly in the agency were meditation-based interventions, massage, mindful movement activities, and community-based volunteerism programs.

The survey administered to participants was used to determine what are the current barriers for human service agencies to provide wellness programs to employees. The most

common responses were “not enough funding available” and “not enough time during office hours to implement programs” within their agency. When exploring the current facilitators in human service agencies that support successful implementation of employee wellness programs, the most common responses were “employee interest to participate,” “agency management interest to participate and facilitate these programs,” and “flexibility with scheduling to create time for these programs.”

There was a significant difference in the mean number of paid employees by whether an employer supports direct service professionals with employee wellness programming; those that do provide programming are larger organizations, on average, than those that do not provide employee wellness programming. There was no relationship between the number of wellness services offered and the size of the agency. There was not a statistically significant relationship between the number of years a respondent has worked in their current agency and the number of workplace wellness services offered to direct service staff. There was not a statistically significant relationship between staff retention (*N* of years worked in current agency) and overall satisfaction with wellness services offered to direct service staff. There was not a statistically significant relationship between staff retention and the number of barriers to wellness services staff perceive. There was a relationship between the number of wellness services offered and the number of barriers perceived; as the number of perceived barriers increases, so too do the number of wellness services offered by the employer. There was a significant effect of the number of wellness services on employee perception of wellness support, less satisfaction with the agency’s wellness efforts is associated with a lower number of employee wellness services offered.

Limitations

One of the limitations in this study was being unable to better understand the agency environment because of an error made on the survey that was distributed to participants. The data collected for the question inquiring on the population(s) the agency serves could not be analyzed because there was an error that combined multiple population selections into one line. “Aging/Gerontological Social Work,” “Alcohol Drug or Substance Abuse,” and “Child Welfare,” were listed as one answer selection instead of three separate answer selections. Along with this, “Corrections/Criminal Justice,” “Developmental Disabilities,” and “Family Services,” were listed as one answer selection instead of three separate answer selections. These two mistakes—in the survey that was distributed to participants—were a result of error by the research investigator. For these reasons, the data collected from this question could not be used for interpretation.

The data in this survey did not ask any questions about the diversity of paid staff members who provide direct service that were employed in the participant’s agency, so this limits the study from painting a complete picture of the agency environment. Further information could have been learned about employee wellness satisfaction if data was collected to compare different states of personal wellness over time depending on how agency culture may or may not have changed. Through the data collected in this study, we were unable to see if the level of employee satisfaction with the agency’s efforts to implement employee wellness programs correlated with the employee’s personal level of occupational stress, depression, anxiety, and/or other health disparities. The survey results are also unable to speak to the amount of employee interest or employee participation in employee wellness programs from an agency perspective, since most questions were based on one participant’s personal opinions. More

specific and personal information on the participant's agency culture and social health environment in the workplace could not be learned through a quantitative study. Furthermore, the study has collected information on the barriers and facilitators of implementing employee wellness programs, but a quantitative study is unable to fully grasp the *why* behind the reasoning for the agency's presenting barriers and/or facilitators.

Implications

Only 16 survey participants answered that their agency provided childcare or childcare assistance for its paid employees. Although not everyone has children, childcare can be a significant barrier for parents who are wanting or needing to work full time. Childcare can be expensive and difficult to find, and with the assumption that most employees working in this field also have student loan debt to pay, the cost of childcare can certainly be a significant barrier for working parents. On this survey alone, (> 75%) of participants stated having a Master's or professional degree. These results suggest most employees in this career field have obtained higher levels on education, which often relates to higher amounts of student loan debt after attending school.

Almost all survey participants (95%) felt it is important for human service agencies to provide employee wellness programs for its paid employees, but only (61%) of human service agencies surveyed in this study stated they are currently providing wellness programs for their paid employees who provide direct service. This suggests a significant difference in employee interest and the agency's efforts to meet employee needs. Agency leaders should develop a way for employees to offer the agency with feedback to check that employee needs are being met (Haynes & Helms, 2001).

Opportunities for the agency and its employees to provide each other with feedback, activities that build employee camaraderie, and diversity seminars were the most popular responses for employee wellness programs currently being offered in the participant's agency. This suggests that those agencies who are already offering employee wellness programs are doing so in accordance to existing evidence offered in literature. Maintaining a social support system within the agency is important to enhance employee wellness (Sulphey, 2014). A good social environment can help an employee to feel supported in the workplace, cope with work-related stress, and increase their sense of feeling valued while at work (Farrell & Geist-Martin, 2005).

Survey responses for barriers to implementing employee wellness programs in the agency closely mirrored, in some cases, the facilitators to successfully implementing these programs. Not enough time in the work day to schedule time for wellness programs was a popular response for a barrier, whereas flexibility with scheduling at work to create time for these programs was a popular response for a facilitator. Agency management and employee interest were both popular responses for facilitators (35%), whereas lack of interest from management and employees were popular responses for barriers (19%). Reporting the survey results, not having enough funding available in the agency to implement employee wellness programs had the highest response rate as a barrier for agencies.

Conclusion and Future Research Recommendations

Human service agencies providing wellness programs for their paid employees who provide direct service is an area that still needs improvement in the work environment. The employee response interest for the importance of offering employee wellness programs is significant. Employee and agency management interest to participate and flexibility with work

scheduling to create time for employee wellness programs show to be the greatest facilitators for implementing wellness programs successfully, whereas funding and not having enough time during office hours to implement the employee wellness programs are the biggest barriers. Further research should be done to learn how exactly these specific characteristics impact an agency and its employee programming decisions. More information understanding the barriers and facilitators to implementing employee wellness programs should be collected through conducting qualitative interviews with agency professionals. More information is needed to understand what factors trend with presenting agency barriers and facilitators. The overall success of wellness in the agency and the success of employee interest in participating in the wellness programs should also be evaluated with the agency's culture, social environment, and employee diversity.

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Appendix A: Email Recruitment Script

Subject: Employee Wellness Study

Dear (Agency Administrator First Name),

Thank you for taking the time to read this message. My name is Ella Lewie, I am an undergraduate honors student at The Ohio State University College of Social Work. For my honors thesis, I am interested in studying how human service agencies think about wellness programs in their agencies. On behalf of The Ohio State University College of Social Work, we invite you to participate in the study.

This study includes a one-time online survey. The survey will take approximately 8-12 minutes to complete and will focus on your agency's workplace environment and its employees. Each participant who starts the survey will have the option to select if you would like to be entered into a drawing for one of three \$50.00 digital Amazon gift cards, which will be delivered electronically via email.

The data collected in this study will be used to describe what employee wellness programs tend to be offered in human service agencies. In addition, I hope to learn how agency leaders make decisions about offering programming, and what the challenges to doing so might be.

I hope you are interested in participating. If you wish to do so, please click on the link below to provide consent and continue. Choosing not to participate will not impact your relationship with The Ohio State University College of Social Work.

{Insert link}

Have questions? Contact Ella Lewie at {email address inserted here} or Dr. Tom Gregoire, Principal Investigator, at {email address inserted here}. Additional contact information is attached to this email. You can opt out of receiving emails about this study by replying to this email and changing the subject to "REMOVE".

Best,

Ella Lewie

Appendix B: Consent Form

The Ohio State University Consent to Participate in Research

Study Title: Implementing Employee Wellness Programs in Human Service Agencies

Researcher: Gregoire, T, et al.

Sponsor: Ohio State University College of Social Work

This is a consent form for research participation. It contains important information about this study and what to expect if you decide to participate.

Your participation is voluntary.

Please consider the information carefully. Feel free to ask questions before making your decision whether or not to participate.

Purpose: The purpose of this survey is to learn workplace information about the agency in which you are employed. The survey will ask you questions related to your agency's workplace policies and procedures.

Procedures/Tasks: If you consent, we would ask you to participate in an online survey that will ask a series of questions related to your agency's current work environment, its employees, the population(s) your agency serves, employee benefits provided by your agency, the agency's policies and procedures, and your role in the agency.

Duration: This survey will take between 8-12 minutes to complete.

You may leave the study at any time. If you decide to stop participating in the study, there will be no penalty to you, and you will not lose any benefits to which you are otherwise entitled. Additionally, you can skip any questions that you do not wish to answer. Your decision to do so will not affect your future relationship with The Ohio State University.

Risks and Benefits: This study poses minimal risks for you as a participant, risks that are no more than those faced in everyday life. Note that you can choose not to respond to any questions during the survey process if you feel uncomfortable. We expect the benefits of this study to outweigh the risks. The information you provide in this survey will be used to provide insight to the needs/desires of employees who work in human service agencies.

Confidentiality: Your de-identified data will not be used or shared with other researchers without your additional informed consent. We will work to make sure that no one sees your online responses without approval. But, because we are using the Internet, there is a chance that

someone could access your online responses without permission. In some cases, this information could be used to identify you.

Also, there may be circumstances where this information must be released. For example, personal information regarding your participation in this study may be disclosed if required by state law. Also, your records may be reviewed by the following groups:

- Office for Human Research Protections or other federal, state, or international regulatory agencies;
- The Ohio State University Institutional Review Board or Office of Responsible Research Practices

Incentives: Each participant who starts the survey in this study is eligible for the incentive drawing, regardless of whether or not they complete the survey. You may choose to skip over any question of the survey you do not wish to answer. In the last question of the survey, you will be prompted to answer if you would like to be entered into a drawing for one of three \$50.00 digital Amazon gift cards. To be entered into the drawing, you must answer this question by providing an email address where you may be contacted if your name is drawn. The three winners will be selected at random and the gift cards will be delivered electronically via email.

Participant Rights: You may refuse to participate in this study without penalty or loss of benefits to which you are otherwise entitled. If you are a student or employee at Ohio State, your decision will not affect your grades or employment status.

If you choose to participate in the study, you may discontinue participation at any time without penalty or loss of benefits. By agreeing to participate, you do not give up any personal legal rights you may have as a participant in this study.

An Institutional Review Board responsible for human subjects research at The Ohio State University reviewed this research project and found it to be acceptable, according to applicable state and federal regulations and University policies designed to protect the rights and welfare of participants in research.

Contacts and Questions: If you have any additional questions concerning this research or your participation in it, please feel free to contact the principal investigator, Dr. Tom Gregoire, at {email address inserted here} or {phone number inserted here}.

For questions about your rights as a participant in this study or to discuss other study-related concerns or complaints with someone who is not part of the research team, you may contact Ms. Sandra Meadows in the Office of Responsible Research Practices at {email address inserted here} or {phone number inserted here}.

Providing consent

I have read (or someone has read to me) this page and I am aware that I am being asked to participate in a research study. I have had the opportunity to ask questions and have had them answered to my satisfaction. I voluntarily agree to participate in this study. I am not giving up any legal rights by agreeing to participate.

To print or save a copy of this page, select the print button on your web browser.

Please click the button below to proceed and participate in this study. If you do not wish to participate, please close out your browser window.

Appendix C: Survey Tool

This study is being conducted by The Ohio State University College of Social Work. We want to learn workplace information from employees in leadership positions who work in human service agencies. We hope to learn how employee wellness programs are used in the work environment for human service agencies.

1. Do you give consent to participate in this survey for research conducted by The Ohio State University College of Social Work?

☐ Yes

☐ No

2. What population does your agency serve? Please select all that apply.

- ☐ Aging/Gerontological Social Work
- ☐ Alcohol, Drug, or Substance Abuse
- ☐ Child Welfare
- ☐ Community Planning
- ☐ Corrections/Criminal Justice
- ☐ Developmental Disabilities
- ☐ Family Services
- ☐ Health
- ☐ Hospital Social Work
- ☐ LGBTQ
- ☐ Mental Health or Community Mental Health
- ☐ Occupational/Industrial Social Work
- ☐ Other, please specify:
- ☐ Public Assistance/Public Welfare
- ☐ Rehabilitation
- ☐ Religiously Affiliated
- ☐ School Social Work

3. What is your position title at your agency?

4. How many years have you worked in your current agency? Please round up to the nearest whole year.

5. What is your highest level of education?

- ☐ High school diploma or GED
- ☐ Some college
- ☐ Associate's degree
- ☐ Bachelor's degree
- ☐ Master's or professional degree
- ☐ Doctoral degree

6. How many paid agency employees (who provide direct service) work at your agency?
Please type a numeric value.

7. What percentage (approximately) of your paid agency staff who provide direct service work full-time (30 hours per week or more)? Please type a numeric value of your best estimate.

%

8. Does your agency provide wellness programs for its paid employees who provide direct service?

- ☐ Yes
- ☐ No
- ☐ I am unsure
- ☐ I prefer not to answer

9. Does your agency provide any of the following employee benefits programs for its paid employees who provide direct service? Please select all that apply.

- ☐ Health insurance
- ☐ Dental insurance
- ☐ Nutrition counseling
- ☐ Paid vacation time
- ☐ Maternity/paternity leave
- ☐ Flexible work scheduling
- ☐ Childcare or childcare assistance
- ☐ Retirement planning
- ☐ Exercise and weight management programs
- ☐ None of the above
- ☐ I am unsure

10. The next few questions in this survey will focus on Employee Wellness Programs. In the table below, you will find a list of programs that we have defined to be Employee Wellness Programs. Does your agency implement or provide any of the following Employee Wellness Programs for its paid employees who provide direct service? Please select all that apply.

Employee Wellness Programs	Does not provide	Provides directly in the agency	Agency funds participation and allows paid time off from work to participate
Meditation-based interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress management courses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community-based volunteerism programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diversity seminars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Massage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mindful movement activities (example: yoga)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courses that teach mindfulness (examples: mindful breathing, mindful eating, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activities that build employee camaraderie (examples: agency sport teams, agency pot luck, agency dinner, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal finance seminars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary trauma prevention training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compassion fatigue training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resilience building seminars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employee Wellness Programs	Does not provide	Provides directly in the agency	Agency funds participation and allows paid time off from work to participate
Access to literature on reducing stress, mindfulness, and/or building resilience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goal setting programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities for performing self-assessment (examples: Professional Quality of Life Scale, Resilience Scale, Maslach Burnout Scale, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities for employees to provide the agency with feedback (examples: agency environment survey, open door policy, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities for the agency to provide the employees with feedback (example: supervision meetings to discuss growth, self-awareness, strengths, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Do you think it is important for human services agencies to provide Employee Wellness Programs for its paid employees?

- ☐ Yes
- ☐ No
- ☐ I am unsure
- ☐ I prefer not to answer

12. At your agency, what factors (in your opinion) have made it difficult to implement Employee Wellness Programs for your agency's paid employees who provide direct service? Please select all that apply.

- ☐ Not enough funding available
- ☐ Not enough time during office hours to implement these programs
- ☐ Lack of employee interest to participate
- ☐ Lack of interest (in these programs) from agency management
- ☐ Not enough resources available (not including funding)
- ☐ Limited knowledge on Employee Wellness Programs
- ☐ Other, reason not listed
- ☐ I am unsure
- ☐ I prefer not to answer

13. At your agency, what factors (in your opinion) have contributed to successfully implementing Employee Wellness Programs for your agency's paid employees who provide direct service? Please select all that apply.

- ☐ Available funding
- ☐ Flexibility with scheduling, to create time for these programs
- ☐ Employee interest to participate
- ☐ Agency management interest to participate and facilitate these programs
- ☐ Available resources (not including funding)
- ☐ Access to available knowledge on Employee Wellness Programs
- ☐ Partnerships with other agencies within the same community as your agency
- ☐ Partnerships with other affiliated agencies on the state and/or national levels
- ☐ Other, reason not listed
- ☐ I am unsure
- ☐ None, my agency does not currently implement Employee Wellness Programs
- ☐ I prefer not to answer

14. In your opinion, how would you evaluate your agency's current efforts to reduce workplace stress, workaholism, and burnout for your agency's paid employees who provide direct service?

- ☐ Agency exceeds my expectations
- ☐ Agency is doing a good job, but I think there is room for improvement
- ☐ Sometimes my agency does a good job, but it is not always consistent
- ☐ Agency does a poor job, it barely makes efforts to reduce workplace stress, workaholism, and burnout
- ☐ Agency is not currently making any efforts to reduce workplace stress, workaholism, and burnout
- ☐ I prefer not to answer

15. Thank you for your participation in this survey. Would you like to be entered into a drawing for one of three \$50.00 digital Amazon gift cards? If your name is drawn, the gift card will be delivered electronically via email.

If you would like to enter the drawing, please provide your name and email address in the box below. If you would not like to enter the drawing, please type “no” in the box below.